

# **State of New Hampshire**

# Racing and Charitable Gaming Commission Regulation & Enforcement of Racetracks, Bingo, Lucky 7 and Games of Chance

Paul M. Kelley, Director Sudhir K. Naik, Deputy Director

### 2010 APPLICATION FOR COMMERCIAL HALL LICENSE

1. Name of Hall:	<u></u>		Phone Number:		
2. Hall Address:		Town:	Zi	Zip Code:	
3. Full Mailing A	ddress (Address to which al	l Official Correspondence shall be r	nailed):		
Street Number Street Name		City		Zip	
4. Name of Prop	erty Owner(s):		Phone Number:		
Property Owner(s) Address:		Town:	7	Lip Code:	
5. Name of Lessor:			Phone Number:		
	. ,	Town:	Zin	Code.	
RENTED OR L	EASED. **	EEK FOR EACH ORGANIZATI ganization(s)			
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
		S OF ALL DIRECTORS, TRUST additional page with the same reque		re.	
				_	
				_	
C				_	
within the previo	us 10 years which has not b	dividual involved in this company teen annulled by a court, or a class  Yes If yes, furnisht, charge, court in which charge was	B misdemeanor within the	he past 5 years which has no	
		vidual involved in this company vid			

All Lease or Rental Agreements must stipulate the following:

#### Pari 1017.07 Commercial Hall Rentals.

- (a) The amount of the hall rental to the charitable organization shall not exceed \$5 per player per organization's bingo game date.
- (b) The commercial hall shall provide, as part of the hall rental fee, the following items and services to the charitable organization:
  - (1) Hall space;
  - (2) Tables and chairs sufficient for the conduct of the bingo game;
  - (3) Bingo equipment necessary for the conduct of the bingo game including, but not limited to:
    - a. A ball rack;
    - b. A mixing machine; and
    - c. A lighted game board;
  - (4) Heat, lights, and restroom facilities sufficient for the seating capacity of the hall;
  - (5) Snow removal; and
  - (6) Trash removal and overall janitorial services sufficient to return the hall to a condition clean and proper for conducting business.
- (c) No third party charges shall be assessed to any charitable organization for services set forth in (b) above. Participation in and charges for activities such as advertising, free offer of coffee and donuts to customers, security protection for the charitable organization itself, not security for the hall or parking area, consulting or management services, shall be at the discretion of the charitable organization. Failure to participate in these activities shall not constitute grounds for expulsion from the hall.
- (d) The commercial hall shall:
  - (1) Submit all amended lease or rental to the commission prior to the agreement being presented to the charitable organizations for their signature; and
  - (2) Certify that all lease or rental agreements comply with the stipulation contained in (a) above.
- (e) If the commercial hall fails to submit lease agreements upon request, the commission shall not process the license application until such time as the requested information is received.

Certification of Commercial Hall Owner(s)/Lessor(s):

I certify, under the penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this application and in any supporting materials is true, accurate and complete.

		-	
Signature of Hall Owner(s)	Date	Signature of Hall Lessor(s)	Date
rinted Name of Hall Owner(s)	Date	Printed Name of Hall Lessor(s)	Date

<sup>\*\*</sup> If space provided is not sufficient, attach additional page with the same requested information as above.

## New Hampshire Racing and Charitable Gaming Commission

57 Regional Drive Concord, NH 03301 Telephone: (603) 271-2158 Fax: (603) 271-3381

## **Commercial Hall Data Verification Form**

1. Name of Commercial Hall:		ID#:		
2. Hall Address:	City/Town:	Zip Code:		
3. Full Mailing Address (Address to which	h all Official Correspondence sh	all be mailed):		
Street Number Street Name	City	State Zip		
a. Commercial Hall Telephone #:	b. Fax:	c. Email:		
**********	*********	**********		
1. Name of Property Owner(s):				
2. Address of Owner(s):	City/Town:	Zip Code:		
a. Telephone #:	b. Date of Birth:	c. E-Mail:		
***********	**********	***********		
1. Name of Lessor #1 (if different from ov	wner(s):			
2. Lessor #1 Address:	City/Town:	Zip Code:		
a. Telephone #:	b. Date of Birth:			
3. Name of Lessor #2 (if different from ov	wner(s):			
4. Lessor #2 Address:	City/Town:	Zip Code:		
a. Telephone #:	b. Date of Birth:	-		
**********	*********	**********		
1. Name of Hall Manager (if applicable):				
2. Address:	City/Town:	Zip Code:		
a. Telephone #:				
3. Prepared by:	Position/Title:	Date:		
**********				
If space provided is not sufficient, attac	n additional page with the san	ie requested information as above.		

Please notify this Commission in writing should there be any changes in the above information.